

## City of Annapolis

Police Parking Fines Section 199 Taylor Avenue Annapolis, MD 21401

Phone 410-268-9000, Ext. 219 C TDD 410-263-7943 C www.annapolis.gov

## **CITATION ADJUSTMENT - TRIAL DATE REQUEST FORM**

Request for Citation Adjustment and/or Trial dates MUST be made in writing at least five (5) days before the due date on the citations.

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|--------------|--|----------------------------|----------------------|------------------------|---------------------|--------------|--|
| Part I.      | Citation Information   |                            |                      |                        |                     |              |  |
| Today's      | date   | Officer's name             |                      |                        |                     |              |  |
| Ticket #     |  | Date issued                |                      | Due date               |                     |              |  |
| Part II.     | Requester's Personal and Vel   | hicle Information          |                      |                        |                     |              |  |
| Name         |  |                            | Phone                |                        |                     |              |  |
| Home a       | 44   |                            |                      |                        |                     |              |  |
| City         |  |                            | State                |                        | Zip                 |              |  |
| Vehicle make |  | Model                      | Color                |                        | State               |              |  |
| License tag  |  | Handicapped tag?           | Yes                  | No                     | _                   |              |  |
| Part III.    | Request for Adjustment   |                            |                      |                        |                     |              |  |
| only: 1)     | State's Attorney has given the An Citation issued in error; 2) Ambign problems are listed below:                                     | guous signage; 3) Valid re |                      |                        |                     |              |  |
| 1            | Inoperable meter   | Location                   |                      |                        |                     |              |  |
| 2            | Handicapped permit #   |                            | State                |                        | _                   |              |  |
| 3            | Residential permit #   |                            |                      |                        |                     |              |  |
| 4            | Hospital emergency Provide documentation of emergency  |                            |                      |                        |                     |              |  |
| 5            | Loading/Unloading zone   | Provide documentation      | n of delivery        |                        |                     |              |  |
| 6            | Contractor (prepaid) rental  | Temporary permit #         |                      |                        |                     |              |  |
| 7            | Inaccurate information on citation Specify, provide documentation  |                            |                      |                        |                     |              |  |
| 8            | Other valid reason, please sp  | ecify                      |                      |                        |                     |              |  |
|              | I wish to discuss this citation with a police representative in person   |                            |                      |                        |                     |              |  |
|              | I wish to be contacted by pho  |                            |                      |                        |                     |              |  |
|              | I wish to receive a written explanation of the decision. Note that a copy will be forwarded to the registered owner if not the same. |                            |                      |                        |                     |              |  |
|              | Address  |                            |                      |                        |                     |              |  |
|              | u request a trial date, you mus<br>he will not appear. You will th   |                            |                      |                        |                     |              |  |
|              | Trial date requested   | Officer reques             | sted                 | Request f              | orwarded to Distr   | ict Court    |  |
| Dispos       | ition determined by PEO II, Deb  | ra Colbert, Parking Enforc | cement Superv        | isor                   |                     |              |  |
|              | Adjusted   |                            |                      |                        |                     |              |  |
|              | Adjustment denied  |                            | Signature            |                        |                     |              |  |